


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90017 030 ***150.00

DOCUMENT # P94000003988

1. Entity Name
MID-SHIP, INC.



Principal Place of Business Mailing Address

9500 S DADELAND BLVD 9500 S DADELAND BLVD
 STE 610 STE 610
 MIAMI, FL 33156 MIAMI, FL 33156

40100921



2. Principal Place of Business 3. Mailing Address

2655 S LeJeune Rd. *2655 S LeJeune Rd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 815 *Ste 815*

07192006 Chg-P CR2E034 (11/05)

City & State City & State

Coral Gables, FL *Coral Gables, FL*

Zip Country Zip Country

33134 *USA* *33134* *USA*

4. FEI Number Applied For

65-0490109 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELUCA, MATTHEW J
 9500 S DADELAND BLVD STE 610
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) *2655 Ste Jeune Rd. Ste 815*

Coral Gables, FL 33134-5814

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DELUCA, MATTHEW J	9500 S DADELAND BLVD STE 610	MIAMI, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Deluca, Matthew J</i>	<i>2655 Ste Jeune Rd. Ste 815</i>	<i>Coral Gables, FL 33134</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *7/27/06* Daytime Phone # _____